

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1311	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/16/2008 TIME 13:03

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
TIPTON COUNTY MEMORIAL HOSPITAL 15-1311
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/16/2008 TIME 13:03

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PI ENCRYPTION INFORMATION
DATE: 5/16/2008 TIME 13:03

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6VQCu02CbFEInmVptUGYREpZOXuk5l
x8Av7mURx20xqCZ4

Michael Harlowe
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

PRPS. & CEO
TITLE

05/19/08
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	445,918	111,674	113,314	
3 SWING BED - SNF	0	84,865	0	0	
100 TOTAL	0	530,783	111,674	113,314	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
 PROVIDER NO: 15-1311 PERIOD: 1/ 1/2007 TO 12/31/2007
 PREPARED 5/12/2008 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1000 SOUTH MAIN STREET
 1.01 CITY: TIPTON P.O. BOX: STATE: IN ZIP CODE: 46072- COUNTY: TIPTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		DATE		PAYMENT SYSTEM	
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	(P,T,O OR N)
02.00 HOSPITAL	TIPTON COUNTY MEMORIAL HOSPITAL	15-1311	2.01	7/ 1/1966	4 5 6
04.00 SWING BED - SNF	TIPTON COUNTY MEMORIAL HOSPITAL	15-2311		3/ 1/2002	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007

18 TYPE OF CONTROL 1 9 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 47

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.

26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 3/ 1/2002

28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		-----	-----	-----	-----
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?				

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL THROUGH THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH
42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 0

PAID LOSSES: 0

AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2
LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR
SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

		I & R FTES	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES		
COMPONENT		NET			TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	TITLE V	13	14
					12		15
1	ADULTS & PEDIATRICS					862	26
2	HMO						1,271
2	01 HMO - (IRF PPS SUBPROVIDER)						
3	ADULTS & PED-SB SNF						
4	ADULTS & PED-SB NF						
5	TOTAL ADULTS AND PEDS						
6	INTENSIVE CARE UNIT						
12	TOTAL		284.04			862	26
13	RPCH VISITS						1,271
25	TOTAL		284.04				
26	OBSERVATION BED DAYS						
27	AMBULANCE TRIPS						
28	EMPLOYEE DISCOUNT DAYS						
28	01 EMP DISCOUNT DAYS -IRF						

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
1	0100 GENERAL SERVICE COST CNTR					
3	0300 OLD CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		73,865	73,865		73,865
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT		1,602,131	1,602,131	-67,305	1,534,826
5	0500 NEW CAP REL COSTS-BLDG & FIXT		65,289	65,289		65,289
5.01	0501 EMPLOYEE BENEFITS		4,330,891	4,330,891		4,330,891
5.03	0503 COMMUNICATIONS	222,265		222,265		222,265
6	0600 PATIENT ACCOUNTING	211,714	85,836	297,550		297,550
8	0800 ADMINISTRATIVE & GENERAL	1,675,122	2,520,404	4,195,526	-203,691	3,991,835
8.01	0801 OPERATION OF PLANT	381,691		381,691		381,691
8.02	0802 OPERATION OF PLANT-HOSPITAL	46,911	1,248,841	1,295,752		1,295,752
9	0900 OPERATION OF PLANT-MEDICAL OFFICE		48,222	48,222		48,222
10	1000 LAUNDRY & LINEN SERVICE	75,639	71,812	147,451		147,451
11	1100 HOUSEKEEPING	308,993	83,276	392,269		392,269
12	1200 DIETARY	495,202	352,425	847,627	-341,115	506,512
14	1400 CAFETERIA				341,115	341,115
15	1500 NURSING ADMINISTRATION	26,953	4,739	31,692	122,041	153,733
16	1600 CENTRAL SERVICES & SUPPLY	36,108	1,428,968	1,465,076		1,465,076
17	1700 PHARMACY	466,734	2,057,503	2,524,237		2,524,237
25	2500 MEDICAL RECORDS & LIBRARY	552,537	180,809	733,346		733,346
26	2600 INPAT ROUTINE SRVC CNTRS					
37	3700 ADULTS & PEDIATRICS	1,681,519	61,333	1,742,852		1,742,852
38	3800 INTENSIVE CARE UNIT	595,249	3,672	598,921		598,921
40	4000 ANCILLARY SRVC COST CNTRS					
41	4100 OPERATING ROOM	781,033	135,789	916,822		916,822
44	4400 RECOVERY ROOM	71,717	-82	71,635		71,635
48	4800 ANESTHESIOLOGY	160,208	85,552	245,760		245,760
49	4900 RADIOLOGY-DIAGNOSTIC	779,272	1,174,726	1,953,998	624,000	2,577,998
50	5000 LABORATORY	720,117	951,770	1,671,887		1,671,887
51	5100 INTRAVENOUS THERAPY		65,971	65,971		65,971
53	5300 RESPIRATORY THERAPY	342,945	62,264	405,209		405,209
55	5500 PHYSICAL THERAPY	510,380	73,903	584,283		584,283
56	5600 OCCUPATIONAL THERAPY	76,568	7,085	83,653		83,653
56.02	5602 ELECTROCARDIOLOGY	302,036	169,774	471,810		471,810
60	6000 MEDICAL SUPPLIES CHARGED TO PATIENTS					
60.01	6001 DRUGS CHARGED TO PATIENTS					
61	6100 ONCOLOGY	140,019	76,388	216,407		216,407
62	6200 OUTPAT SERVICE COST CNTRS					
88	8800 CLINIC					
90	9000 ORTHOPEDIC CLINIC	34,068	576,908	610,976	-25,171	585,805
95	9500 EMERGENCY	1,383,227	77,097	1,460,324		1,460,324
96	9600 OBSERVATION BEDS (NON-DISTINCT PART)					
97	9700 SPEC PURPOSE COST CENTERS					
97.01	9701 INTEREST EXPENSE					
97.02	9702 OTHER CAPITAL RELATED COSTS					
97.03	9703 SUBTOTALS	12,078,227	17,677,161	29,755,388	449,874	30,205,262
97.04	9704 NONREIMBURS COST CENTERS					
97.05	9705 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97.06	9706 RESEARCH					
97.07	9707 CONTRACT SERVICES					
98	9800 EDUCATION SERVICES					
99	9900 HOME INFUSION					
99.02	9902 MOW					
100	1000 DME/OXYGEN THERAPY		147,802	147,802		147,802
100.01	10001 ASSISTED LIVING	264,229	282,033	546,262	174,126	720,388
100.02	10002 O/P CLINIC	129,349	128,369	257,718		257,718
100.03	10003 PHYSICIANS' PRIVATE OFFICES	991,557	1,060,893	2,052,450	-624,000	1,428,450
100.04	10004 NONPAID WORKERS					
100.05	10005 MEDNETWORK	-649	224	-425		-425
100.06	10006 OTHER NONREIMBUREAL		133,062	133,062		133,062
100.07	10007 BEHAVIOR HEALTH SERVICES	69,002	117,519	186,521		186,521
101	10100 COUNTY HEALTH DEPARTMENT	126,329	4,183	130,512		130,512
101.01	10101 PUBLIC RELATIONS	62,646	314,229	376,875		376,875
101.02	10102 FOUNDATION	48,612	9,248	57,860		57,860
101.03	10103 LIFELINE					
101.04	10104 MILLERS-AUTUMNWOOD	111	1,087	1,198		1,198
101.05	10105 CLARIAN-HHA		989	989		989
101.06	10106 TOTAL	13,769,413	19,876,799	33,646,212	-0-	33,646,212

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
3	0300 OLD CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT	398	74,263
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT	-15,493	1,519,333
5	0500 NEW CAP REL COSTS-BLDG & FIXT		65,289
5.01	0501 EMPLOYEE BENEFITS	-5,879	4,325,012
5.03	0503 COMMUNICATIONS	-16,266	205,999
6	0600 PATIENT ACCOUNTING		297,550
8	0800 ADMINISTRATIVE & GENERAL	-110,126	3,881,709
8.01	0801 OPERATION OF PLANT		381,691
8.02	0802 OPERATION OF PLANT-HOSPITAL	-701	1,295,051
9	0900 OPERATION OF PLANT-MEDICAL OFFICE		48,222
10	1000 LAUNDRY & LINEN SERVICE	-5,968	141,483
11	1100 HOUSEKEEPING		392,269
12	1200 DIETARY	-21,719	484,793
14	1400 CAFETERIA	-103,945	237,170
15	1500 NURSING ADMINISTRATION		153,733
16	1600 CENTRAL SERVICES & SUPPLY	-930	1,464,146
17	1700 PHARMACY	-366,372	2,157,865
25	2500 MEDICAL RECORDS & LIBRARY	-7,869	725,477
26	2600 INPAT ROUTINE SRVC CNTRS		1,742,852
37	3700 ADULTS & PEDIATRICS		584,064
38	3800 INTENSIVE CARE UNIT	-14,857	
40	4000 ANCILLARY SRVC COST CNTRS		916,822
41	4100 OPERATING ROOM		71,635
44	4400 RECOVERY ROOM		82,323
48	4800 ANESTHESIOLOGY	-163,437	1,993,310
49	4900 RADIOLOGY-DIAGNOSTIC	-584,688	1,616,537
50	5000 LABORATORY	-55,350	65,971
51	5100 INTRAVENOUS THERAPY		405,209
53	5300 RESPIRATORY THERAPY		584,283
55	5500 PHYSICAL THERAPY		83,653
56	5600 OCCUPATIONAL THERAPY		471,810
56.02	5602 ELECTROCARDIOLOGY		
60	6000 MEDICAL SUPPLIES CHARGED TO PATIENTS		
60.01	6001 DRUGS CHARGED TO PATIENTS		
61	6100 ONCOLOGY		216,407
62	6200 OUTPAT SERVICE COST CNTRS		
88	8800 CLINIC		
90	9000 ORTHOPEDIC CLINIC	-432,005	153,800
95	9500 EMERGENCY	-462,676	997,648
96	9600 OBSERVATION BEDS (NON-DISTINCT PART)		
97	9700 SPEC PURPOSE COST CENTERS		
97.01	9701 INTEREST EXPENSE		-0-
97.02	9702 OTHER CAPITAL RELATED COSTS		-0-
97.03	9703 SUBTOTALS	-2,367,883	27,837,379
97.04	9704 NONREIMBURS COST CENTERS		
97.05	9705 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97.06	9706 RESEARCH		
97.07	9707 CONTRACT SERVICES		
98	9800 EDUCATION SERVICES		
99	9900 HOME INFUSION		
99.02	9902 MOW		
100	1000 DME/OXYGEN THERAPY		147,802
100.01	10001 ASSISTED LIVING		720,388
100.02	10002 O/P CLINIC		257,718
100.03	10003 PHYSICIANS' PRIVATE OFFICES		1,428,450
100.04	10004 NONPAID WORKERS		
100.05	10005 MEDNETWORK		-425
100.06	10006 OTHER NONREIMBUREAL		133,062
100.07	10007 BEHAVIOR HEALTH SERVICES		186,521
101	10100 COUNTY HEALTH DEPARTMENT		130,512
	10101 PUBLIC RELATIONS		376,875
	10102 FOUNDATION		57,860
	10103 LIFELINE		
	10104 MILLERS-AUTUMNWOOD		1,198
	10105 CLARIAN-HHA		989
	10106 TOTAL	-2,367,883	31,278,329

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2		3	4	5
1 CAFETERIA	A	CAFETERIA		12	199,287	141,828
2 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT		3.01		106,821
3 VP NURSING	C	NURSING ADMINISTRATION		14	122,041	
4 ASST LIVING DEPRECIATION	D	ASSISTED LIVING		97.06		174,126
5 ORTHOPEDIC CLERICAL	E	ADMINISTRATIVE & GENERAL		6	25,171	
6 RADIOLOGY DIRECTOR	F	RADIOLOGY-DIAGNOSTIC		41	624,000	
36 TOTAL RECLASSIFICATIONS					970,499	422,775

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

EXPLANATION OF RECLASSIFICATION	CODE		DECREASE		SALARY	OTHER	A-7 REF
	(1)	COST CENTER	LINE NO				
	1	6	7		8	9	10
1 CAFETERIA	A	DIETARY	11		199,287	141,828	
2 INSURANCE	B	ADMINISTRATIVE & GENERAL	6			106,821	12
3 VP NURSING	C	ADMINISTRATIVE & GENERAL	6		122,041		
4 ASST LIVING DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3.01			174,126	9
5 ORTHOPEDIC CLERICAL	E	ORTHOPEDIC CLINIC	60.01		25,171		
6 RADIOLOGY DIRECTOR	F	PHYSICIANS' PRIVATE OFFICES	98		624,000		
36 TOTAL RECLASSIFICATIONS					970,499	422,775	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
151311PERIOD:
FROM 1/ 1/2007
TO 12/31/2007PREPARED 5/12/2008
WORKSHEET A-6
NOT A CMS WORKSHEETRECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	341,115	DIETARY	11	341,115	
TOTAL RECLASSIFICATIONS FOR CODE A			341,115				

RECLASS CODE: B
EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	106,821	ADMINISTRATIVE & GENERAL	6	106,821	
TOTAL RECLASSIFICATIONS FOR CODE B			106,821				

RECLASS CODE: C
EXPLANATION : VP NURSING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	122,041	ADMINISTRATIVE & GENERAL	6	122,041	
TOTAL RECLASSIFICATIONS FOR CODE C			122,041				

RECLASS CODE: D
EXPLANATION : ASST LIVING DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ASSISTED LIVING	97.06	174,126	NEW CAP REL COSTS-BLDG & FIXT	3.01	174,126	
TOTAL RECLASSIFICATIONS FOR CODE D			174,126				

RECLASS CODE: E
EXPLANATION : ORTHOPEDIC CLERICAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	25,171	ORTHOPEDIC CLINIC	60.01	25,171	
TOTAL RECLASSIFICATIONS FOR CODE E			25,171				

RECLASS CODE: F
EXPLANATION : RADIOLOGY DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	624,000	PHYSICIANS' PRIVATE OFFICES	98	624,000	
TOTAL RECLASSIFICATIONS FOR CODE F			624,000				

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-1311 I FROM 1/ 1/2007 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2007 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	125,482					125,482	
2	LAND IMPROVEMENTS	616,387	700,384		700,384		1,316,771	
3	BUILDINGS & FIXTURE	17,057,444	207,851		207,851		17,265,295	
4	BUILDING IMPROVEMEN	2,850,695	10,258,913		10,258,913	700,384	12,409,224	
5	FIXED EQUIPMENT	19,794,173	1,394,821		1,394,821	908,869	20,280,125	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	40,444,181	12,561,969		12,561,969	1,609,253	51,396,897	
8	RECONCILING ITEMS							
9	TOTAL	40,444,181	12,561,969		12,561,969	1,609,253	51,396,897	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
5	TOTAL			1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL	74,263						74,263
3 01	NEW CAP REL COSTS-BL	1,428,005		-15,493	106,821			1,519,333
3 02	NEW CAP REL COSTS-BL	65,289						65,289
5	TOTAL	1,567,557		-15,493	106,821			1,658,885

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL	73,865						73,865
3 01	NEW CAP REL COSTS-BL	1,602,131						1,602,131
3 02	NEW CAP REL COSTS-BL	65,289						65,289
5	TOTAL	1,741,285						1,741,285

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF.
COST CENTER	LINE NO		
3	4		5
OLD CAP REL COSTS-BLDG & **COST CENTER DELETED**	1		
NEW CAP REL COSTS-BLDG & **COST CENTER DELETED**	2		
	3		
	4		
RESPIRATORY THERAPY	49		
PHYSICAL THERAPY	50		
COST CENTER DELETED	89		
OLD CAP REL COSTS-BLDG & **COST CENTER DELETED**	1		
NEW CAP REL COSTS-BLDG & **COST CENTER DELETED**	2		
	3		
	4		
COST CENTER DELETED	20		
OCCUPATIONAL THERAPY	51		
COST CENTER DELETED	52		
NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL COMMUNICATIONS	3.01	11	
OPERATION OF PLANT-HOSPIT LAUNDRY & LINEN SERVICE	8.01		
CAFETERIA	9		
CENTRAL SERVICES & SUPPLY PHARMACY	12		
MEDICAL RECORDS & LIBRARY	15		
OPERATION OF PLANT-HOSPIT ADMINISTRATIVE & GENERAL	16		
ADMINISTRATIVE & GENERAL INTENSIVE CARE UNIT	17		
COMMUNICATIONS	8.01		
EMPLOYEE BENEFITS	26		
NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	5.01		
ADMINISTRATIVE & GENERAL	5		
ADMINISTRATIVE & GENERAL	3	9	
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
DIETARY	11		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
ANESTHESIOLOGY	40		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		
DIETARY	11		
ORTHOPEDIC CLINIC	60.01		
ADMINISTRATIVE & GENERAL	6		
ADMINISTRATIVE & GENERAL	6		

(1) Description - all chapter references in this column pertain to CMS Pub. 15-Z.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	40	ANESTHESIA	30,000		30,000				
2	50	PT	17,000		17,000				
3	49	RT	5,000		5,000				
4	44	LAB	76,875	55,350	21,525				
5	61	ER	872,973	462,676	410,297				
6	37	OR	12,500		12,500				
7	53	SLEEP LAB	3,100		3,100				
8	60	1 ORTHOPEDIC CLINIC	397,500	297,500	100,000				
9	41	RADIOLOGY	624,000	584,688	39,312				
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,038,948	1,400,214	638,734				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 40	ANESTHESIA							
2 50	PT							
3 49	RT							
4 44	LAB							
5 61	ER							55,350
6 37	OR							462,676
7 53	SLEEP LAB							
8 60	1 ORTHOPEDIC CLINIC							297,500
9 41	RADIOLOGY							584,688
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,400,214

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52
(SEE INSTRUCTIONS)
2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780
3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR 260
OR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)
4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)
5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
(SEE INSTRUCTIONS)
7 STANDARD TRAVEL EXPENSE RATE 3.45
8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		285.00			
10 AHSEA (SEE INSTRUCTIONS)		67.04			
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.52	33.52			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
LINE 10)
15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
LINE 10) 19,106
16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
LINE 10)
17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
OR LINES 14-16 FOR ALL OTHERS) 19,106
18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
LINE 10)
20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT
OR LINES 17 AND 18 FOR ALL OTHERS) 19,106

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES 67.04
(SEE INSTRUCTIONS)
22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES 52,291
(SEE INSTRUCTIONS)
23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 52,291

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE
24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) 8,715
25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) 8,715
27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
3 AND 4) 897
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27) 9,612
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)
30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
LINE 12)
31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28) 9,612
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)

37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)

38 SUBTOTAL (SUM OF LINES 36 AND 37)

39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)

40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)

41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)

42 SUBTOTAL (SUM OF LINES 40 AND 41)

43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)

45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)

46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
49 CALCULATION OF LIMIT TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
52 DETERMINATION OF OVERTIME ALLOWANCE ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 52,291

58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35) 9,612

59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)

60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

61 EQUIPMENT COST (SEE INSTRUCTIONS)

62 SUPPLIES (SEE INSTRUCTIONS)

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 61,903

64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR
RECORDS) 17,188

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES -
(SEE INSTRUCTIONS) (FROM YOUR RECORDS) 17,188

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS
LINE MUST AGREE WITH LINE 64) 17,188

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
REASONABLE COST DETERMINATION FOR THERAPY I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
SERVICES FURNISHED BY OUTSIDE SUPPLIERS I 15-1311 I FROM 1/ 1/2007 I WORKSHEET A-8-4
ON OR AFTER APRIL 10, 1998 I I TO 12/31/2007 I PARTS I - VII
PHYSICAL THERAPY

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE
69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE
WITH LINE 65)

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(9/1997)
COST ALLOCATION STATISTICS	I PROVIDER NO:	I PERIOD:	I PREPARED 5/12/2008
	I 15-1311	I FROM 1/ 1/2007	I NOT A CMS WORKSHEET
	I	I TO 12/31/2007	I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FT COMBINED	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FT MAB	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	NOT ENTERED
5.01	COMMUNICATIONS	5	# OF PHONES	ENTERED
5.03	PATIENT ACCOUNTING	53	GROSS CHARGES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FT COMBINED	ENTERED
8.01	OPERATION OF PLANT-HOSPITAL	1	SQUARE FEET	ENTERED
8.02	OPERATION OF PLANT-MEDICAL OFFICE	4	SQUARE FT MAB	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FT COMBINED	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02	EMPLOYEE BENE FITS 5	COMMUNICATION S 5.01
001	GENERAL SERVICE COST CNTR							
003	OLD CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &	74,263		74,263				
003	02 NEW CAP REL COSTS-BLDG &	1,519,333			1,519,333			
005	02 NEW CAP REL COSTS-BLDG &	65,289				65,289		
005	01 EMPLOYEE BENEFITS	4,325,012					4,325,012	
005	01 COMMUNICATIONS	205,999					69,811	275,810
005	03 PATIENT ACCOUNTING	297,550					66,497	
006	ADMINISTRATIVE & GENERAL	3,881,709		5,983	132,307		495,710	71,177
008	OPERATION OF PLANT	381,691					119,885	
008	01 OPERATION OF PLANT-HOSPIT	1,295,051		12,512	276,689		14,734	
008	02 OPERATION OF PLANT-MEDICA	48,222						
009	LAUNDRY & LINEN SERVICE	141,483		1,731	38,287		23,757	
010	HOUSEKEEPING	392,269		1,321	29,211		97,051	
011	DIETARY	484,793		3,497	77,323		92,943	4,791
012	CAFETERIA	237,170					62,594	
014	NURSING ADMINISTRATION	153,733		325	7,193		46,797	
015	CENTRAL SERVICES & SUPPLY	1,464,146		653	14,432		11,341	11,635
016	PHARMACY	2,157,865		632	13,966		146,596	
017	MEDICAL RECORDS & LIBRARY	725,477		2,055	45,452		173,545	
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	1,742,852		5,516	121,989		528,148	39,010
026	INTENSIVE CARE UNIT	584,064		984	21,771		186,961	7,528
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	916,822		4,871	107,721		245,313	15,741
038	RECOVERY ROOM	71,635					22,525	
040	ANESTHESIOLOGY	82,323		53	1,179		50,319	
041	RADIOLOGY-DIAGNOSTIC	1,993,310		2,725	60,259		440,751	10,266
044	LABORATORY	1,616,537		1,865	41,248		226,180	8,213
048	INTRAVENOUS THERAPY	65,971						
049	RESPIRATORY THERAPY	405,209		954	21,104		107,715	
050	PHYSICAL THERAPY	584,283		3,819	84,442		160,304	6,844
051	OCCUPATIONAL THERAPY	83,653					24,049	
053	ELECTROCARDIOLOGY	471,810		701	15,510		94,866	9,581
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	02 ONCOLOGY	216,407		787	17,411		43,978	3,422
060	OUTPAT SERVICE COST CNTRS							5,475
060	CLINIC							
061	01 ORTHOPEDIC CLINIC	153,800		203	4,488		2,794	3,422
062	EMERGENCY	997,648		1,404	31,048		434,455	6,160
062	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	27,837,379		52,591	1,163,030		3,989,619	203,265
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							2,053
097	RESEARCH							
097	01 CONTRACT SERVICES							
097	02 EDUCATION SERVICES							
097	03 HOME INFUSION							
097	04 MOW							
097	05 DME/OXYGEN THERAPY	147,802						
097	06 ASSISTED LIVING	720,388					82,991	
097	07 O/P CLINIC	257,718		1,901	42,043		40,627	13,003
098	PHYSICIANS' PRIVATE OFFIC	1,428,450		4,806	1,727	55,545	115,445	2,738
099	NONPAID WORKERS							
099	02 MEDNETWORK	-425						
100	OTHER NONREIMBUREAL	133,062						
100	01 BEHAVIOR HEALTH SERVICES	186,521		830		9,744	21,673	
100	02 COUNTY HEALTH DEPARTMENT	130,512		322	7,120		39,678	
100	03 PUBLIC RELATIONS	376,875		502	11,096		19,676	2,053
100	04 FOUNDATION	57,860					15,268	684
100	05 LIFELINE							
100	06 MILLERS-AUTUMNWOOD	1,198		12,969	286,758		35	52,014
100	07 CLARIAN-HHA	989		342	7,559			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	31,278,329		74,263	1,519,333	65,289	4,325,012	275,810

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
		I PROVIDER NO:	I PERIOD:
		I 15-1311	I FROM 1/ 1/2007
		I	I TO 12/31/2007
			I PART I
COST ALLOCATION - GENERAL SERVICE COSTS			WORKSHEET B

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
001	GENERAL SERVICE COST CNTR							
003	OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	03 PATIENT ACCOUNTING							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-HOSPIT							
008	02 OPERATION OF PLANT-MEDICA							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	672,686						
011	DIETARY	44,619	990,046					
012	CAFETERIA			351,277				
014	NURSING ADMINISTRATION	4,151		3,877	267,464			
015	CENTRAL SERVICES & SUPPLY	8,328		2,192		1,802,247		
016	PHARMACY	8,059		14,069	13,617		2,783,684	
017	MEDICAL RECORDS & LIBRARY	26,228		29,146				1,263,365
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	70,393	217,674	87,417	84,604			88,788
026	INTENSIVE CARE UNIT	12,563	27,610	21,013	20,338			14,441
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	62,160		32,008	30,980			193,911
038	RECOVERY ROOM			3,454	3,343			11,528
040	ANESTHESIOLOGY	680		2,014	1,949			43,207
041	RADIOLOGY-DIAGNOSTIC	34,772		30,899	29,906			274,023
044	LABORATORY	23,802		33,442	32,367			159,907
048	INTRAVENOUS THERAPY							23,046
049	RESPIRATORY THERAPY	12,178		16,381				25,572
050	PHYSICAL THERAPY	48,727		18,536				31,388
051	OCCUPATIONAL THERAPY			2,808				9,541
053	ELECTROCARDIOLOGY	8,950		12,324	11,928			53,486
055	MEDICAL SUPPLIES CHARGED					1,802,247		106,793
056	DRUGS CHARGED TO PATIENTS						2,783,684	176,112
056	02 ONCOLOGY	10,047		5,659	5,477			14,926
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 ORTHOPEDIC CLINIC	2,590		261				136
061	EMERGENCY	17,916		34,049	32,955			36,560
062	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	396,163	245,284	349,549	267,464	1,802,247	2,783,684	1,263,365
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097	01 CONTRACT SERVICES							
097	02 EDUCATION SERVICES							
097	03 HOME INFUSION							
097	04 MOW		85,862					
097	05 DME/OXYGEN THERAPY							
097	06 ASSISTED LIVING							
097	07 O/P CLINIC	24,261						
098	PHYSICIANS' PRIVATE OFFIC	61,332						
099	NONPAID WORKERS							
099	02 MEDNETWORK							
100	OTHER NONREIMBUREAL							
100	01 BEHAVIOR HEALTH SERVICES	10,585						
100	02 COUNTY HEALTH DEPARTMENT	4,108						
100	03 PUBLIC RELATIONS	6,403						
100	04 FOUNDATION							

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		25	26	27
001	GENERAL SERVICE COST CNTR			
003	OLD CAP REL COSTS-BLDG &			
003	NEW CAP REL COSTS-BLDG &			
003	01 NEW CAP REL COSTS-BLDG &			
003	02 NEW CAP REL COSTS-BLDG &			
005	EMPLOYEE BENEFITS			
005	01 COMMUNICATIONS			
005	03 PATIENT ACCOUNTING			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
008	01 OPERATION OF PLANT-HOSPIT			
008	02 OPERATION OF PLANT-MEDICA			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	3,803,480		3,803,480
026	INTENSIVE CARE UNIT	1,098,205		1,098,205
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	2,172,759		2,172,759
038	RECOVERY ROOM	132,459		132,459
040	ANESTHESIOLOGY	222,010		222,010
041	RADIOLOGY-DIAGNOSTIC	3,540,993		3,540,993
044	LABORATORY	2,611,873		2,611,873
048	INTRAVENOUS THERAPY	107,937		107,937
049	RESPIRATORY THERAPY	735,337		735,337
050	PHYSICAL THERAPY	1,288,242		1,288,242
051	OCCUPATIONAL THERAPY	141,699		141,699
053	ELECTROCARDIOLOGY	835,724		835,724
055	MEDICAL SUPPLIES CHARGED	1,944,178		1,944,178
056	DRUGS CHARGED TO PATIENTS	3,021,751		3,021,751
056	02 ONCOLOGY	412,618		412,618
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 ORTHOPEDIC CLINIC	205,798		205,798
061	EMERGENCY	1,953,165		1,953,165
062	OBSERVATION BEDS (NON-DIS			
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	24,228,228		24,228,228
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	2,406		2,406
097	RESEARCH			
097	01 CONTRACT SERVICES			
097	02 EDUCATION SERVICES			
097	03 HOME INFUSION			
097	04 MOW	85,862		85,862
097	05 DME/OXYGEN THERAPY	173,201		173,201
097	06 ASSISTED LIVING	941,436		941,436
097	07 O/P CLINIC	532,333		532,333
098	PHYSICIANS' PRIVATE OFFIC	2,042,719		2,042,719
099	NONPAID WORKERS			
099	02 MEDNETWORK	-425		-425
100	OTHER NONREIMBUREAL	167,386		167,386
100	01 BEHAVIOR HEALTH SERVICES	282,521		282,521
100	02 COUNTY HEALTH DEPARTMENT	227,743		227,743
100	03 PUBLIC RELATIONS	511,217		511,217
100	04 FOUNDATION	86,496		86,496
100	05 LIFELINE			
100	06 MILLERS-AUTUMNWOOD	1,965,205		1,965,205
100	07 CLARIAN-HHA	32,001		32,001
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	TOTAL	31,278,329		31,278,329

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	C NEW CAP REL OSTS-BLDG & 3	C NEW CAP REL OSTS-BLDG & 3.01	C NEW CAP REL OSTS-BLDG & 3.02	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
003	OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	03 PATIENT ACCOUNTING							
006	ADMINISTRATIVE & GENERAL			5,983	132,307		138,290	
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-HOSPIT			12,512	276,689		289,201	
008	02 OPERATION OF PLANT-MEDICA							
009	LAUNDRY & LINEN SERVICE			1,731	38,287		40,018	
010	HOUSEKEEPING			1,321	29,211		30,532	
011	DIETARY			3,497	77,323		80,820	
012	CAFETERIA							
014	NURSING ADMINISTRATION			325	7,193		7,518	
015	CENTRAL SERVICES & SUPPLY			653	14,432		15,085	
016	PHARMACY			632	13,966		14,598	
017	MEDICAL RECORDS & LIBRARY			2,055	45,452		47,507	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			5,516	121,989		127,505	
026	INTENSIVE CARE UNIT			984	21,771		22,755	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			4,871	107,721		112,592	
038	RECOVERY ROOM							
040	ANESTHESIOLOGY			53	1,179		1,232	
041	RADIOLOGY-DIAGNOSTIC			2,725	60,259		62,984	
044	LABORATORY			1,865	41,248		43,113	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY			954	21,104		22,058	
050	PHYSICAL THERAPY			3,819	84,442		88,261	
051	OCCUPATIONAL THERAPY							
053	ELECTROCARDIOLOGY			701	15,510		16,211	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	02 ONCOLOGY			787	17,411		18,198	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 ORTHOPEDIC CLINIC			203	4,488		4,691	
061	EMERGENCY			1,404	31,048		32,452	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS			52,591	1,163,030		1,215,621	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097	01 CONTRACT SERVICES							
097	02 EDUCATION SERVICES							
097	03 HOME INFUSION							
097	04 MOW							
097	05 DME/OXYGEN THERAPY							
097	06 ASSISTED LIVING							
097	07 O/P CLINIC			1,901	42,043		43,944	
098	PHYSICIANS' PRIVATE OFFIC			4,806	1,727	55,545	62,078	
099	NONPAID WORKERS							
099	02 MEDNETWORK							
100	OTHER NONREIMBUREAL							
100	01 BEHAVIOR HEALTH SERVICES			830		9,744	10,574	
100	02 COUNTY HEALTH DEPARTMENT			322	7,120		7,442	
100	03 PUBLIC RELATIONS			502	11,096		11,598	
100	04 FOUNDATION							
100	05 LIFELINE							
100	06 MILLERS-AUTUMWOOD			12,969	286,758		299,727	
100	07 CLARIAN-HHA			342	7,559		7,901	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			74,263	1,519,333	65,289	1,658,885	

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	03 PATIENT ACCOUNTING							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-HOSPIT							
008	02 OPERATION OF PLANT-MEDICA							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	41,114						
011	DIETARY	2,727	107,867					
012	CAFETERIA			1,553				
014	NURSING ADMINISTRATION	254		17	10,809			
015	CENTRAL SERVICES & SUPPLY	509		10		27,285		
016	PHARMACY	493		62	550		31,490	
017	MEDICAL RECORDS & LIBRARY	1,603		129				66,418
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	4,302	23,716	388	3,419			4,666
026	INTENSIVE CARE UNIT	768	3,008	93	822			759
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,799		141	1,252			10,191
038	RECOVERY ROOM			15	135			606
040	ANESTHESIOLOGY	42		9	79			2,271
041	RADIOLOGY-DIAGNOSTIC	2,125		137	1,209			14,422
044	LABORATORY	1,455		148	1,308			8,404
048	INTRAVENOUS THERAPY							1,211
049	RESPIRATORY THERAPY	744		72				1,344
050	PHYSICAL THERAPY	2,978		82				1,650
051	OCCUPATIONAL THERAPY			12				501
053	ELECTROCARDIOLOGY	547		54	482			2,811
055	MEDICAL SUPPLIES CHARGED					27,285		5,613
056	DRUGS CHARGED TO PATIENTS						31,490	9,256
056	02 ONCOLOGY	614		25	221			784
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 ORTHOPEDIC CLINIC	158		1				7
061	EMERGENCY	1,095		151	1,332			1,922
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	24,213	26,724	1,546	10,809	27,285	31,490	66,418
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097	01 CONTRACT SERVICES							
097	02 EDUCATION SERVICES							
097	03 HOME INFUSION							
097	04 MOW		9,355					
097	05 DME/OXYGEN THERAPY							
097	06 ASSISTED LIVING							
097	07 O/P CLINIC	1,483						
098	PHYSICIANS' PRIVATE OFFIC	3,749						
099	NONPAID WORKERS							
099	02 MEDNETWORK							
100	OTHER NONREIMBUREAL							
100	01 BEHAVIOR HEALTH SERVICES	647						
100	02 COUNTY HEALTH DEPARTMENT	251						
100	03 PUBLIC RELATIONS	391						
100	04 FOUNDATION							
100	05 LIFELINE							
100	06 MILLERS-AUTUMNWOOD	10,113	71,788	4				
100	07 CLARIAN-HHA	267		3				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	41,114	107,867	1,553	10,809	27,285	31,490	66,418

	COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR			
003	OLD CAP REL COSTS-BLDG &			
003	01 NEW CAP REL COSTS-BLDG &			
003	02 NEW CAP REL COSTS-BLDG &			
005	EMPLOYEE BENEFITS			
005	01 COMMUNICATIONS			
005	03 PATIENT ACCOUNTING			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
008	01 OPERATION OF PLANT-HOSPIT			
008	02 OPERATION OF PLANT-MEDICA			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
025	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	226,189		226,189
026	INTENSIVE CARE UNIT	40,028		40,028
037	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	170,944		170,944
038	RECOVERY ROOM	1,261		1,261
040	ANESTHESIOLOGY	4,710		4,710
041	RADIOLOGY-DIAGNOSTIC	112,456		112,456
044	LABORATORY	75,701		75,701
048	INTRAVENOUS THERAPY	1,586		1,586
049	RESPIRATORY THERAPY	32,726		32,726
050	PHYSICAL THERAPY	122,032		122,032
051	OCCUPATIONAL THERAPY	1,085		1,085
053	ELECTROCARDIOLOGY	27,987		27,987
055	MEDICAL SUPPLIES CHARGED	33,053		33,053
056	DRUGS CHARGED TO PATIENTS	41,020		41,020
056	02 ONCOLOGY	26,176		26,176
060	OUTPAT SERVICE COST CNTRS			
060	01 CLINIC			
060	01 ORTHOPEDIC CLINIC	6,923		6,923
061	EMERGENCY	55,960		55,960
062	OBSERVATION BEDS (NON-DIS			
062	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	979,837		979,837
096	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	11		11
097	RESEARCH			
097	01 CONTRACT SERVICES			
097	02 EDUCATION SERVICES			
097	03 HOME INFUSION			
097	04 MOW	9,355		9,355
097	05 DME/OXYGEN THERAPY	766		766
097	06 ASSISTED LIVING	4,162		4,162
097	07 O/P CLINIC	58,674		58,674
098	PHYSICIANS' PRIVATE OFFIC	75,608		75,608
099	NONPAID WORKERS			
099	02 MEDNETWORK			
100	OTHER NONREIMBUREAL	2,509		2,509
100	01 BEHAVIOR HEALTH SERVICES	12,423		12,423
100	02 COUNTY HEALTH DEPARTMENT	10,536		10,536
100	03 PUBLIC RELATIONS	17,111		17,111
100	04 FOUNDATION	382		382
100	05 LIFELINE			
100	06 MILLERS-AUTUMNWOOD	477,253		477,253
100	07 CLARIAN-HHA	10,258		10,258
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	1,658,885		1,658,885

COST CENTER DESCRIPTION		OLD CAP REL OSTS-BLDG & (SQUARE FEET)	C NEW CAP REL OSTS-BLDG & (SQUARE FT) COMBINED	C NEW CAP REL OSTS-BLDG & (SQUARE FEET)	C NEW CAP REL OSTS-BLDG & (SQUARE FT MAB)	C EMPLOYEE BENE FITS (GROSS SALARIES)	COMMUNICATION S (# OF PHONES)
		1	3	3.01	3.02	5	5.01
001	GENERAL SERVICE COST						
003	OLD CAP REL COSTS-BLD	166,233					
003	NEW CAP REL COSTS-BLD		179,680				
003	01 NEW CAP REL COSTS-BLD			166,233			
003	02 NEW CAP REL COSTS-BLD				13,448		
005	EMPLOYEE BENEFITS					13,770,062	
005	01 COMMUNICATIONS					222,265	403
005	03 PATIENT ACCOUNTING					211,714	
006	ADMINISTRATIVE & GENE	14,476	14,476	14,476		1,578,252	104
008	OPERATION OF PLANT					381,691	
008	01 OPERATION OF PLANT-HO	30,273	30,273	30,273		46,911	
008	02 OPERATION OF PLANT-ME						
009	LAUNDRY & LINEN SERVI	4,189	4,189	4,189		75,639	
010	HOUSEKEEPING	3,196	3,196	3,196		308,993	
011	DIETARY	8,460	8,460	8,460		295,915	7
012	CAFETERIA					199,287	
014	NURSING ADMINISTRATIO	787	787	787		148,994	
015	CENTRAL SERVICES & SU	1,579	1,579	1,579		36,108	17
016	PHARMACY	1,528	1,528	1,528		466,734	
017	MEDICAL RECORDS & LIB	4,973	4,973	4,973		552,537	
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	13,347	13,347	13,347		1,681,519	57
	INTENSIVE CARE UNIT	2,382	2,382	2,382		595,249	11
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	11,786	11,786	11,786		781,033	23
038	RECOVERY ROOM					71,717	
040	ANESTHESIOLOGY	129	129	129		160,208	
041	RADIOLOGY-DIAGNOSTIC	6,593	6,593	6,593		1,403,272	15
044	LABORATORY	4,513	4,513	4,513		720,117	12
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY	2,309	2,309	2,309		342,945	
050	PHYSICAL THERAPY	9,239	9,239	9,239		510,380	10
051	OCCUPATIONAL THERAPY					76,568	
053	ELECTROCARDIOLOGY	1,697	1,697	1,697		302,036	14
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						5
056	02 ONCOLOGY	1,905	1,905	1,905		140,019	8
060	OUTPAT SERVICE COST C						
060	01 CLINIC						
061	ORTHOPEDIC CLINIC	491	491	491		8,897	5
061	EMERGENCY	3,397	3,397	3,397		1,383,227	9
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	127,249	127,249	127,249		12,702,227	297
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						3
097	RESEARCH						
097	01 CONTRACT SERVICES						
097	02 EDUCATION SERVICES						
097	03 HOME INFUSION						
097	04 MOW						
097	05 OME/OXYGEN THERAPY						
097	06 ASSISTED LIVING					264,229	
097	07 O/P CLINIC	4,600	4,600	4,600		129,349	19
098	PHYSICIANS' PRIVATE O	189	11,629	189	11,441	367,557	4
099	NONPAID WORKERS						
099	02 MEDNETWORK						
100	OTHER NONREIMBUREAL						
100	01 BEHAVIOR HEALTH SERVI		2,007		2,007	69,002	
100	02 COUNTY HEALTH DEPARTM	779	779	779		126,329	
100	03 PUBLIC RELATIONS	1,214	1,214	1,214		62,646	3
100	04 FOUNDATION					48,612	1
100	05 LIFELINE						
100	06 MILLERS-AUTUMNWOOD	31,375	31,375	31,375		111	76
100	07 CLARIAN-HHA	827	827	827			
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED		74,263	1,519,333	65,289	4,325,012	275,810
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			9.139780		.314088	
	(WRKSHT B, PT I)		.413307		4.854923		684.392060
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER						
	(WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-HOSPITAL	OPERATION OF PLANT-MEDICAL	LAUNDRY & LINEN SERVICE
		(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FT COMBINED)	(SQUARE FEET)	(SQUARE FT MAB)	(POUNDS OF LAUNDRY)
		5.03	6a.00	6	8	8.01	8.02	9
001	GENERAL SERVICE COST							
003	OLD CAP REL COSTS-BLD							
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-BLD							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	03 PATIENT ACCOUNTING	57,025,494						
006	ADMINISTRATIVE & GENERAL		-4,586,886	26,691,868				
008	OPERATION OF PLANT			501,576	165,204			
008	01 OPERATION OF PLANT-HQ			1,598,986	30,273	121,484		
008	02 OPERATION OF PLANT-ME			48,222			13,448	
009	LAUNDRY & LINEN SERVICE			205,258	4,189	4,189		29,555
010	HOUSEKEEPING			519,852	3,196	3,196		
011	DIETARY			663,347	8,460	8,460		
012	CAFETERIA			299,764				
014	NURSING ADMINISTRATION			208,048	787	787		
015	CENTRAL SERVICES & SUPPLY			1,502,207	1,579	1,579		
016	PHARMACY			2,319,059	1,528	1,528		
017	MEDICAL RECORDS & LIBRARY			946,529	4,973	4,973		
025	INPAT ROUTINE SERVICE CENTER	3,904,983		2,462,444	13,347	13,347		9,477
026	ADULTS & PEDIATRICS	635,128		805,363	2,382	2,382		1,018
037	ANCILLARY SERVICE COST CENTER							
038	OPERATING ROOM	8,528,412		1,344,913	11,786	11,786		3,971
040	RECOVERY ROOM	507,012		97,397				
041	ANESTHESIOLOGY	1,967,302		146,433	129	129		
041	RADIOLOGY-DIAGNOSTIC	12,052,106		2,584,249	6,593	6,593		1,101
044	LABORATORY	7,032,903		1,938,941	4,513	4,513		50
048	INTRAVENOUS THERAPY	1,013,598		72,442				
049	RESPIRATORY THERAPY	1,124,676		542,162	2,309	2,309		
050	PHYSICAL THERAPY	1,380,499		848,505	9,239	9,239		1,069
051	OCCUPATIONAL THERAPY	419,640		110,381				
053	ELECTROCARDIOLOGY	2,352,357		607,485	1,697	1,697		314
055	MEDICAL SUPPLIES CHARGED TO PATIENT	4,696,884		29,985				
056	DRUGS CHARGED TO PATIENT	7,745,596		52,870				
056	02 ONCOLOGY	656,466		288,249	1,905	1,905		80
060	OUTPAT SERVICE COST CENTER							
060	01 CLINIC							
060	01 ORTHOPEDIC CLINIC	5,980		164,745	491	491		
061	EMERGENCY	3,001,952		1,489,879	3,397	3,397		1,669
062	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095	SUBTOTALS	57,025,494	-4,586,886	22,399,291	112,773	82,500		18,749
096	NONREIMBURSABLE COST CENTER							
097	GIFT, FLOWER, COFFEE			2,053				
097	RESEARCH							
097	01 CONTRACT SERVICES							
097	02 EDUCATION SERVICES							
097	03 HOME INFUSION							
097	04 MOW							
097	05 DME/OXYGEN THERAPY			147,802				
097	06 ASSISTED LIVING			803,379				
097	07 O/P CLINIC			355,292	4,600	4,600		30
098	PHYSICIANS' PRIVATE OFFICE			1,608,711	11,629	189	11,441	337
099	NONPAID WORKERS							
099	02 MEDNETWORK		425					
100	OTHER NONREIMBURSABLE			133,062				1,046
100	01 BEHAVIOR HEALTH SERVICE			218,768	2,007		2,007	
100	02 COUNTY HEALTH DEPARTMENT			177,632	779	779		
100	03 PUBLIC RELATIONS			410,202	1,214	1,214		
100	04 FOUNDATION			73,812				
100	05 LIFELINE							
100	06 MILLERS-AUTUMNWOOD			352,974	31,375	31,375		9,393
100	07 CLARIAN-HHA			8,890	827	827		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	364,047		4,586,886	587,770	1,981,472	56,509	323,760
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006384		.171846	3.557844	16.310559	4.202037	10.954492
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			138,290	2,599	297,961	250	51,421
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.005181	.015732	2.452677	.018590	1.739841

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FT COMBINED)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMIN ISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (GROSS CHARGES)
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST							
003 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 03 PATIENT ACCOUNTING							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-HO							
008 02 OPERATION OF PLANT-ME							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	127,546						
011 DIETARY	8,460	80,000					
012 CAFETERIA			340,090				
014 NURSING ADMINISTRATIO	787		3,754	267,546			
015 CENTRAL SERVICES & SU	1,579		2,122		100		
016 PHARMACY	1,528		13,621	13,621		100	
017 MEDICAL RECORDS & LIB	4,973		28,218				55,564,523
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	13,347	17,589	84,630	84,630			3,904,983
026 INTENSIVE CARE UNIT	2,382	2,231	20,344	20,344			635,128
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	11,786		30,989	30,989			8,528,412
040 RECOVERY ROOM			3,344	3,344			507,012
041 ANESTHESIOLOGY	129		1,950	1,950			1,900,310
044 RADIOLOGY-DIAGNOSTIC	6,593		29,915	29,915			12,052,106
048 LABORATORY	4,513		32,377	32,377			7,032,903
049 INTRAVENOUS THERAPY							1,013,598
050 RESPIRATORY THERAPY	2,309		15,859				1,124,676
051 PHYSICAL THERAPY	9,239		17,946				1,380,499
053 OCCUPATIONAL THERAPY			2,719				419,640
055 ELECTROCARDIOLOGY	1,697		11,932	11,932			2,352,357
056 MEDICAL SUPPLIES CHAR					100		4,696,884
056 DRUGS CHARGED TO PATI						100	7,745,596
056 02 ONCOLOGY	1,905		5,479	5,479			656,466
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
061 ORTHOPEDIC CLINIC	491		253				5,980
061 EMERGENCY	3,397		32,965	32,965			1,607,973
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	75,115	19,820	338,417	267,546	100	100	55,564,523
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
097 01 CONTRACT SERVICES							
097 02 EDUCATION SERVICES							
097 03 HOME INFUSION							
097 04 MOW		6,938					
097 05 OME/OXYGEN THERAPY							
097 06 ASSISTED LIVING							
097 07 O/P CLINIC	4,600						
098 PHYSICIANS' PRIVATE O	11,629						
099 NONPAID WORKERS							
099 02 MEDNETWORK							
100 OTHER NONREIMBUREAL							
100 01 BEHAVIOR HEALTH SERVI	2,007						
100 02 COUNTY HEALTH DEPARTM	779						
100 03 PUBLIC RELATIONS	1,214						
100 04 FOUNDATION							
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD	31,375	53,242	908				
100 07 CLARIAN-HHA	827		765				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	672,686	990,046	351,277	267,464	1,802,247	2,783,684	1,263,365
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		12.375575		.999694		27,836.840000	
105 (WRKSHT B, PT I)	5.274066		1.032894		18,022.470000		.022737
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	41,114	107,867	1,553	10,809	27,285	31,490	66,418
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		1.348338		.040401		314.900000	
108 (WRKSHT B, PT III)	.322346		.004566		272.850000		.001195

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	3,803,480		3,803,480		
	INTENSIVE CARE UNIT	1,098,205		1,098,205		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,172,759		2,172,759		
38	RECOVERY ROOM	132,459		132,459		
40	ANESTHESIOLOGY	222,010		222,010		
41	RADIOLOGY-DIAGNOSTIC	3,540,993		3,540,993		
44	LABORATORY	2,611,873		2,611,873		
48	INTRAVENOUS THERAPY	107,937		107,937		
49	RESPIRATORY THERAPY	735,337		735,337		
50	PHYSICAL THERAPY	1,288,242		1,288,242		
51	OCCUPATIONAL THERAPY	141,699		141,699		
53	ELECTROCARDIOLOGY	835,724		835,724		
55	MEDICAL SUPPLIES CHARGED	1,944,178		1,944,178		
56	DRUGS CHARGED TO PATIENTS	3,021,751		3,021,751		
56	02 ONCOLOGY	412,618		412,618		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 ORTHOPEDIC CLINIC	205,798		205,798		
61	EMERGENCY	1,953,165		1,953,165		
62	OBSERVATION BEDS (NON-DIS	338,966		338,966		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,567,194		24,567,194		
102	LESS OBSERVATION BEDS	338,966		338,966		
103	TOTAL	24,228,228		24,228,228		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,172,759	170,944	2,001,815			2,172,759
40	RECOVERY ROOM	132,459	1,261	131,198			132,459
41	ANESTHESIOLOGY	222,010	4,710	217,300			222,010
44	RADIOLOGY-DIAGNOSTIC	3,540,993	112,456	3,428,537			3,540,993
48	LABORATORY	2,611,873	75,701	2,536,172			2,611,873
49	INTRAVENOUS THERAPY	107,937	1,586	106,351			107,937
50	RESPIRATORY THERAPY	735,337	32,726	702,611			735,337
51	PHYSICAL THERAPY	1,288,242	122,032	1,166,210			1,288,242
53	OCCUPATIONAL THERAPY	141,699	1,085	140,614			141,699
55	ELECTROCARDIOLOGY	835,724	27,987	807,737			835,724
56	MEDICAL SUPPLIES CHARGED	1,944,178	33,053	1,911,125			1,944,178
56	DRUGS CHARGED TO PATIENTS	3,021,751	41,020	2,980,731			3,021,751
56	02 ONCOLOGY	412,618	26,176	386,442			412,618
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	01 ORTHOPEDIC CLINIC	205,798	6,923	198,875			205,798
61	EMERGENCY	1,953,165	55,960	1,897,205			1,953,165
62	OBSERVATION BEDS (NON-DIS	338,966		338,966			338,966
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	19,665,509	713,620	18,951,889			19,665,509
102	LESS OBSERVATION BEDS	338,966		338,966			338,966
103	TOTAL	19,326,543	713,620	18,612,923			19,326,543

TITLE XVIII, PART B

HOSPITAL

Cost Center Description		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,400,559			
38	RECOVERY ROOM		102,816			
40	ANESTHESIOLOGY		380,030			
41	RADIOLOGY-DIAGNOSTIC		4,153,097			
44	LABORATORY		2,293,515			
48	INTRAVENOUS THERAPY		148,401			
49	RESPIRATORY THERAPY		118,443			
50	PHYSICAL THERAPY		426,392			
51	OCCUPATIONAL THERAPY		80,273			
53	ELECTROCARDIOLOGY		820,099			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		895,234			
56	DRUGS CHARGED TO PATIENTS		2,857,860			
56	02 ONCOLOGY		399,187			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 ORTHOPEDIC CLINIC					
61	EMERGENCY		594,870			
62	OBSERVATION BEDS (NON-DISTINCT PART)		187,603			
101	SUBTOTAL		15,858,379			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES					
104	NET CHARGES		15,858,379			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	611,583		
38 RECOVERY ROOM	26,861		
40 ANESTHESIOLOGY	44,398		
41 RADIOLOGY-DIAGNOSTIC	1,220,209		
44 LABORATORY	851,763		
48 INTRAVENOUS THERAPY	15,803		
49 RESPIRATORY THERAPY	77,441		
50 PHYSICAL THERAPY	397,897		
51 OCCUPATIONAL THERAPY	27,106		
53 ELECTROCARDIOLOGY	291,357		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	370,563		
56 DRUGS CHARGED TO PATIENTS	1,114,923		
56 02 ONCOLOGY	250,907		
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 ORTHOPEDIC CLINIC			
61 EMERGENCY	722,574		
62 OBSERVATION BEDS (NON-DISTINCT PART)	175,153		
101 SUBTOTAL	6,198,538		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	6,198,538		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

HOSPITAL

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	610.74
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,846,267
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,846,267

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,098,205	733	1,498.23	563	843,503
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					2,895,746
					5,585,516

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

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54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

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60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	870,915
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	870,915
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

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OTHER

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	610.74
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	67,181
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	67,181

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,098,205	733	1,498.23	16	23,972
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					116,153
						207,306

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

```

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

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60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
 I 15-1311 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-1311 I I

TITLE XIX - I/P HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 555
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 610.75
 85 OBSERVATION BED COST 338,966

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		2,009,494	
	INTENSIVE CARE UNIT		497,125	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.254767	965,983	246,101
40	RECOVERY ROOM	.261254	62,744	16,392
41	ANESTHESIOLOGY	.116828	321,019	37,504
44	RADIOLOGY-DIAGNOSTIC	.293807	888,753	261,122
48	LABORATORY	.371379	785,260	291,629
49	INTRAVENOUS THERAPY	.106489	417,492	44,458
50	RESPIRATORY THERAPY	.653821	572,967	374,618
51	PHYSICAL THERAPY	.933171	159,114	148,481
53	OCCUPATIONAL THERAPY	.337668	47,435	16,017
55	ELECTROCARDIOLOGY	.355271	264,227	93,872
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.413929	1,643,514	680,298
56	DRUGS CHARGED TO PATIENTS	.390125	1,675,911	653,815
56	02 ONCOLOGY	.628544	48,605	30,550
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	01 ORTHOPEDIC CLINIC	34.414381		
62	EMERGENCY	1.214675	732	889
	OBSERVATION BEDS (NON-DISTINCT PART)	.933634		
101	OTHER REIMBURS COST CNTRS			
102	TOTAL		7,853,756	2,895,746
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		7,853,756	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.254767		
38	RECOVERY ROOM	.261254		
40	ANESTHESIOLOGY	.116828		
41	RADIOLOGY-DIAGNOSTIC	.293807		27,066
44	LABORATORY	.371379	92,122	43,472
48	INTRAVENOUS THERAPY	.106489	69,819	7,435
49	RESPIRATORY THERAPY	.653821	135,504	88,595
50	PHYSICAL THERAPY	.933171	189,703	177,025
51	OCCUPATIONAL THERAPY	.337668	62,478	21,097
53	ELECTROCARDIOLOGY	.355271	9,100	3,233
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.413929	128,558	53,214
56	DRUGS CHARGED TO PATIENTS	.390125	423,991	165,409
56	02 ONCOLOGY	.628544	4,520	2,841
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 ORTHOPEDIC CLINIC	34.414381		
61	EMERGENCY	1.214675		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.933634		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,232,851	589,387
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,232,851	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,198,538
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,198,538
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)	6,260,523
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	22,737
18.01	CAH ACTUAL BILLED COINSURANCE	2,722,031
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,515,755
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,515,755
24	PRIMARY PAYER PAYMENTS	2,142
25	SUBTOTAL	3,513,613
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	277,831
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	277,831
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	243,401
28	SUBTOTAL	3,791,444
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,791,444
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,679,770
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	111,674
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,354,629		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/15/2007	8,875		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		8,875		NONE
4 TOTAL INTERIM PAYMENTS		1,363,504		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	879,624	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	595,281	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,426	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,474,905	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,474,905	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,474,905	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	26,536	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,448,369	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,448,369	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,363,504	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	84,865	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	5,585,516
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,585,516
5	PRIMARY PAYER PAYMENTS	8,834
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,632,449
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,632,449
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	619,273
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,013,176
23	COINSURANCE	992
24	SUBTOTAL	5,012,184
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	83,280
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	83,280
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	77,158
26	SUBTOTAL	5,095,464
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	5,095,464
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,649,546
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	445,918
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		207,306	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		207,306	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		207,306	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		108,822	
11	ANCILLARY SERVICE CHARGES		298,121	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		406,943	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		406,943	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		199,637	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		207,306	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		207,306	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		207,306	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		207,306	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		207,306	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		207,306	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		207,306	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		93,992	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		113,314	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,694,433			
2 TEMPORARY INVESTMENTS	808,737			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	4,701,155			
5 OTHER RECEIVABLES	857,541			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	1,391,279			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	10,453,145			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	27,143,893			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	27,143,893			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	18,830,445			
26 TOTAL OTHER ASSETS	18,830,445			
27 TOTAL ASSETS	56,427,483			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28 CURRENT LIABILITIES				
29 ACCOUNTS PAYABLE	1,421,730			
30 SALARIES, WAGES & FEES PAYABLE	2,041,120			
31 PAYROLL TAXES PAYABLE				
32 NOTES AND LOANS PAYABLE (SHORT TERM)	799,528			
33 DEFERRED INCOME				
34 ACCELERATED PAYMENTS				
35 DUE TO OTHER FUNDS				
36 OTHER CURRENT LIABILITIES	150,619			
37 TOTAL CURRENT LIABILITIES	4,412,997			
38 LONG TERM LIABILITIES				
39 MORTGAGE PAYABLE				
40.01 NOTES PAYABLE				
40.02 UNSECURED LOANS				
41 LOANS PRIOR TO 7/1/66				
42 ON OR AFTER 7/1/66				
43 OTHER LONG TERM LIABILITIES	27,064,954			
44 TOTAL LONG-TERM LIABILITIES	27,064,954			
45 TOTAL LIABILITIES	31,477,951			
46 CAPITAL ACCOUNTS				
47 GENERAL FUND BALANCE	24,949,532			
48 SPECIFIC PURPOSE FUND				
49 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
50 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
51 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
52 PLANT FUND BALANCE-INVESTED IN PLANT				
53 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
54 TOTAL FUND BALANCES	24,949,532			
55 TOTAL LIABILITIES AND FUND BALANCES	56,427,483			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		23,192,512
2 OF PERIOD		
3 NET INCOME (LOSS)		1,742,759
4 TOTAL		24,935,271
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 FOUNDATION OTHER OPERATIN	51,886	
7 FOUNDATION INTEREST INCOM	3,780	
8		
9		
10 TOTAL ADDITIONS		55,666
11 SUBTOTAL		24,990,937
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 FOUNDATION EXP	41,405	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		41,405
19 FUND BALANCE AT END OF		24,949,532
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 FOUNDATION OTHER OPERATIN		
7 FOUNDATION INTEREST INCOM		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 FOUNDATION EXP		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	3,541,922		3,541,922
5 00 SWING BED - SNF			
9 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,541,922		3,541,922
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 INTENSIVE CARE UNIT	635,128		635,128
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	635,128		635,128
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,177,050		4,177,050
18 00 ANCILLARY SERVICES	12,720,442	38,667,031	51,387,473
24 00 OUTPATIENT SERVICES		3,802,626	3,802,626
25 00 TOTAL PATIENT REVENUES	16,897,492	42,469,657	59,367,149

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	33,646,212
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	33,646,212

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01	NEW CAP REL COSTS-BLDG & 3.02	EMPLOYEE BEN EFITS 5
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	COMMUNICATIO NS 5.01	PATIENT ACCO UNTING 5.03	SUBTOTAL 5A.03	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT-HOSPI 8.01
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION-OF PLANT-MEDIC 8.02	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 ALLOCATION OF GENERAL SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
 COSTS TO HHA COST CENTERS I 15-1311 I FROM 1/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2007 I PART I
 I - I I

HHA COST CENTER	OPERATION OF PLANT-MEDIC 8.02	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
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(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)		
21 UNIT COST MULTIPLIER	0.000000	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FT COMBINED)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FT MAB)	EMPLOYEE BEN EFITS (GROSS SALARIES)	COMMUNICATIO NS (# OF PHONES)
	1	3	3.01	3.02	5	5.01
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	PATIENT ACCO UNTING (GROSS CHARGES)	RECONCILIATI ON	ADMINISTRATI VE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FT COMBINED)	OPERATION OF PLANT-HOSPI (SQUARE FEET)	OPERATION OF PLANT-MEDIC (SQUARE FT MAB)
	5.03	6A	6	8	8.01	8.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FT COMBINED)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMI NISTRATION (DIRECT NRSING HRS)	CENTRAL SERV ICES & SUPPL (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96 (05/2007)
ALLOCATION OF GENERAL SERVICE		I PROVIDER NO:	I PERIOD:
COSTS TO HHA COST CENTERS		I 15-1311	I FROM 1/ 1/2007
STATISTICAL BASIS		I HHA NO:	I TO 12/31/2007
		I -	I

PREPARED 5/12/2008
WORKSHEET H-5
PART II

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16)	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES 17)
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		
21 COST TO BE ALLOCATED		
22 UNIT COST MULTIPLIER		